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| | | | |
|---|---|--------------------------|-------------------|
| Typed or Printed Name | Kimberly W. Zuehlke | | |
| Signature | <i>Kimberly W Zuehlke</i> | Date | February 28, 2001 |
| NON FEE TRANSMITTAL <i>Note: Effective October 1, 1998. Patent fees are subject to annual revision.</i> | Attorney Docket Number | CONN-015DIV | |
| | First Named Inventor | Christian Schwabe et al. | |
| | Application Number | 09/041,491 | |
| | Filing Date | March 12, 1998 | |
| | Group Art Unit | 1653 | |
| | Examiner Name | A. Gupta | |
| Title | RELAXIN-LIKE FACTOR AND METHODS OF USES THEREOF | | |

Enclosed are the following documents:

- ☒ Amendment After Final with Mark-Up Copy of Claims and Clean Copy of Claims (6 pages)
- ☒ Return Receipt Postcard

CLAIMS

| No. of claims as filed or after amendment | | | Most claims previously paid | | Extra claims | | Fee from below | | Fee Due |
|--|-----------------|---|--------------------------------|-----------------|--|---|-------------------|---|------------|
| Total claims | 4 | - | 20 | = | | x | | = | 0 |
| Ind. claims | 1 | - | 3 | = | | x | | = | 0 |
| Multiple Dependent claims | | | | | | x | | = | |
| Large Fee Code | Entity Fee (\$) | | Small Fee Code | Entity Fee (\$) | Fee Description | | | | |
| 103 | 18 | | 203 | 9 | Claims in excess of 20 | | | | |
| 102 | 80 | | 202 | 40 | Independent claims in excess of 3 | | | | |
| 104 | 270 | | 204 | 135 | Multiple dependent claim | | | | |
| 109 | 80 | | 209 | 40 | Reissue independent claims over original patent | | | | |
| 110 | 18 | | 210 | 9 | Reissue claims in excess of and over original patent | | | | |

| | | | | | |
|-----------------------|--|------|--------------|--------------------------|---------|
| SUBMITTED BY | | | | Complete (if applicable) | |
| Typed or Printed Name | Karl Bozicevic, BOZICEVIC, FIELD & FRANCIS LLP | | | Reg. Number | 28,807 |
| Signature | <i>[Signature]</i> | Date | Feb 28, 2001 | Deposit Account | 50-0815 |